



Recommended Prenatal Screening For Sexually Transmitted Diseases and HIV

Prenatal Screening

- ❖ All pregnant women should receive the following tests at the **first prenatal visit**:
 - ♦ **SYPHILIS RPR**: Required by SC Law (44-29-120).
 - ♦ **HIV**: Inform and test unless patient specifically refuses. Document test results or test refusal in the chart.
 - ♦ **HEPATITIS B**: Test for Hepatitis B surface antigen (HBsAg) with each pregnancy. If a Hepatitis B core antibody test is done, women with a positive test must be tested for HBsAg.
 - ♦ **CHLAMYDIA and GONORRHEA**: Screen all pregnant women ≤ 25 years of age and those >25 years of age with risk factors (new partner or multiple partners at the time of screening).
 - ♦ **BACTERIAL VAGINOSIS (BV)**: Evaluate pregnant women (including asymptomatic women) for BV if they are at high risk for preterm labor (those who have had a previous preterm delivery).
- ❖ Pregnant women with any of the risk factors listed below should be re-screened for Syphilis, HIV, Chlamydia, Gonorrhea, and Hepatitis B during the **third trimester** (28–32 weeks).

Note: In addition to women with risk factors, the Centers for Disease Control and Prevention (CDC) recommends women <25 years of age be tested for Chlamydia in the third trimester even if tested in the first trimester, and recommends all pregnant women infected with Chlamydia be re-tested at least three weeks after treatment.

Risk Factors:

- ♦ HIV infected partner or partner at risk for HIV
- ♦ Illicit drug use
- ♦ History of Sexually Transmitted Diseases during this pregnancy or one year prior to pregnancy
- ♦ New or multiple sex partners during pregnancy
- ♦ Exchanges sex for money or drugs
- ♦ Signs or symptoms of acute HIV infection or primary syphilis

- ❖ Providers with patients from counties/areas with high rates of HIV among women of childbearing age and/or high rates of syphilis may consider **routine universal retesting** for syphilis and HIV during the third trimester.

Labor and Delivery Screening

- ❖ All women with unknown or undocumented HIV, RPR, or Hepatitis B status should receive syphilis (RPR), hepatitis B (HBsAg), and rapid HIV screening at delivery.
- ❖ Women who have been treated for syphilis within one year of pregnancy should receive an RPR at delivery.

Report all positive tests to your local health department.

Sources:

1. MMWR, Sexually Transmitted Diseases Treatment Guidelines, May 10, 2002. www.cdc.gov/mmwr/preview/mmwrhtml/rr5106a1.htm
2. MMWR Revised Recommendations for HIV Screening of Pregnant Women, Nov 9, 2001. www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm
3. IAC Labor and Delivery Unit and Nursery Unit Guidelines to Prevent Hepatitis B Virus Transmission www.immunize.org/catg.d/p2130.htm

This fact sheet is available at: www.scdhec.net/hs/diseasecont/disease.htm

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